

CLAIMS ONLY							Application Number <i>10690486</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1							
2		1						
3		1						
4	1							
5	1							
6	1							
7								
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44		1						
45		1						
46		1						
47		1						
48		1						
49		1						
50		1						
Total Indep	10							
Total Depend	53							
Total Claims	63							